Business Type: New

Redwood Materials, Inc.

Date: November 15, 2018 Main Location: Las Vegas

308 Sango Court Milpitas, CA 95035 Andrew Stevenson, Chief Financial Officer and JB Straubel, Chief Executive Officer

Recycling Technology and Materials Processing

Development Authority Representative: Andrew Haskin - NNDA

APPLICATION HIGHLIGHTS

- Redwood Materials, Inc. currently has its operations Milpitas, CA, and is planning to open a new facility in Carson City, Nevada.
- In addition to processing material at the Carson City facility, future plans may also include relocation of headquarters and research and
- The target date for the physical move is November 15, 2018 with operations to commence shortly thereafter.

County: Carson City

PROFILE

Redwood Materials, Inc. is a company that uses sustainable processes to recover technology materials from post-consumer and post-industrial electronics. Redwood Materials, Inc. was founded in 2017 by a team of engineers and scientists who saw the growing problem of electronic waste ending up in landfills, and the need for expanding the infrastructure for processing this waste, in a sustainable manner, into useful materials for the technology industry. With the long-term decrease in ownership cycles for consumer electronics, this problem is only expected to grow. The Redwood Materials, Inc. team set out to solve this problem by developing new chemical, metallurgical, and mechanical technologies for recovering materials from electronics, and deploying these technologies in high-tech processing facilities. In addition, Redwood Materials, Inc. is exploring applications in related industries that have a long history in Nevada, such as mining. The company's current operations consist of three major functions: 1) procurement of feedstock, including different types of post-consumer and post-industrial electronics, 2) primary processing of those technology materials, and 3) marketing those new materials to specialty refiners. For procurement, the company partners with electronics collectors and aggregators. These companies deal directly with post-consumer and post-industrial sources, and perform dis-assembly, categorization, and packaging based on Redwood's specifications. The company's team includes engineers and scientists with decades of experience in electronic waste processing technology, as well as corporate support staff. Source: Redwood Materials, Inc.

SIGNIFICANCE OF ABATEMENTS IN THE COMPANY'S DECISION TO RELOCATE/EXPAND

Redwood Materials, Inc. currently has its sole facility in California. The decision to expand operations into Carson City was due to several factors, including the business tax structure, availability of a qualified workforce, cost of living and logistic advantages offered by the region. In addition, Redwood Materials is aware of the benefits of the State Incentive Program, and this also was a critical factor in deciding to expand its processing operations to Carson City. Source: Redwood Materials, Inc.

REQUIREMENTS	UIREMENTS Statutory Application		<u>Sufficient</u>	% Over / Under	
Job Creation	10	31	0	210%	
Average Wage	\$22.54	\$27.42	Company meets	22%	
Equipment Capex (SU & MBT)	\$250,000	¢2 944 720	abatement eligibility requirements	1437%	
Equipment Capex (PP)	\$1,000,000	\$3,841,720	requirements	284%	
INCENTIVES	Requested Terms	Estimated \$ Amount			
Sales Tax Abmt.	2% for 2 years	\$215,136			
Modified Business Tax Abmt.	50% for 4 years	\$39,760			
Personal Property Tax Abmt.	50% for 10 years	\$137,714			
Total		\$392,610			
NEVADA BUSINESS LICENSE					
	□ Current	□ Ponding	□ Will comply before	rocciving	

vviii comply before receiving
incentives

Contracted	24-Month Projection	5-Year Projection	
10	31	61	
<u>Land</u>	Building Purchase	BTS / Building Improvements	
\$0	\$0	\$0	
	10 <u>Land</u>	10 31 Land Building Purchase	10 31 61 Land Building Purchase BTS / Building Improvements

φυ	ΦΟ	ΦΟ	
ECONOMIC IMPACT ESTIMATES (10-Year Cumulative)	<u>Total</u>	Construction	
Total Jobs Supported	98	0	
Total Payroll Supported	\$37,088,694	\$0	
Total Output Estimate	\$121,900,587	\$0	

Estimate includes jobs, payroll & output by the company assisted as well as the secondary impacts to other local businesses.

NEW TAX REVENUE ESTIMATES (10-Year Cumulative)	Direct	<u>Indirect</u>	<u>Total</u>
Local Taxes			
Property	\$251,108	\$564,403	\$815,511
Sales	\$0	\$289,003	\$289,003
Lodging	\$0	\$12,218	\$12,218
State Taxes			
Property	\$12,555	\$62,871	\$75,426
Sales	\$76,834	\$229,950	\$306,784
Modified Business	\$284,203	\$146,001	\$430,204
Lodging	<u>\$0</u>	<u>\$431</u>	\$431
Total	\$62 4, 700	\$1, 304, 877	\$1, 929, 577

EMPLOYEE BENEFITS

- Percentage of health insurance covered by company: 75%.
- Health care package cost per employee \$6,540 annually with options for dependents.
- Overtime, PTO/Sick/Vacation, Merit Increases, Bonus.

NOTES

- Percentage of market outside of Nevada: 100%.
- The company also considered various Californian locations.



October 15, 2018

Mr. Paul Anderson Executive Director Governor's Office of Economic Development 555 E. Washington Ave., Suite 5400 Las Vegas, NV 89101

Dear Mr. Anderson,

Northern Nevada Development Authority (NNDA) is pleased to provide this letter in support of Redwood Materials' application for the Sales & Use Tax Abatement, Modified Business Tax Abatement, and Personal Property Tax Abatement, as stated on the attached incentives application.

We have reviewed the application submitted by Redwood Materials and we are working with them in support of their efforts to locate a manufacturing facility in Carson City, Nevada. The company intends to invest over \$3.8 Million in capital equipment and add 31 new jobs with an average wage of \$27.42 per hour.

NNDA respectfully requests this application be considered by the Governor's Office of Economic Development and be placed on the November 15, 2018 agenda for review and action.

Best Regards,

Andrew Haskin

Director of Business Development Northern Nevada Development Authority



10/15/2018

Paul Anderson Executive Director Nevada Governor's Office of Economic Development 808 West Nye Lane Carson City, NV 89703

Dear Director Anderson:

Redwood Materials, Inc. is a company that uses sustainable processes to recover technology materials from post-consumer and post-industrial electronics. The Appendix to this letter provides a brief corporate profile that describes the company's background and operations.

Redwood plans to expand from its current location in California to Carson City, Nevada. We plan to hire and train employees from the local northern Nevada area, and begin producing new commodity materials at our Carson City facility. The target date for the physical move is November 15, 2018 with operations to commence shortly thereafter.

Redwood Materials currently has its sole facility in California. The decision to expand our operations into Carson City was due to several factors, including the business tax structure, availability of a qualified workforce, cost of living and logistic advantages offered by the region. In addition, Redwood Materials is aware of the benefits of the State Incentive Program, and this also was a critical factor in deciding to expand our processing operations to Carson City.

The expansion plan to Carson City involves the purchase and installation of several new pieces of processing equipment, which requires hiring additional engineers and technical staff. In order to staff and operate our operations, the plan is to hire a total of 31 employees over the first two years of operations. The average hourly rate of the employees is projected to be \$27.42.

We are excited about the market opportunities presented by this expansion and the advantages that locating this facility in Carson City will offer our company. In conjunction with Nevada's business-friendly environment, we see this as a first step in what will be increased growth for Redwood Materials.

Sincerely,

Andrew Stevenson

Andrew Stevenson Chief Financial Officer



October 15, 2018

Mr. Paul Anderson Executive Director Nevada Governor's Office of Economic Development 555 E. Washington Avenue, Suite 5400 Las Vegas, NV 89101

RE: <u>APPLICATION FOR INCENTIVES – REQUEST FOR</u>
CONFIDENTIALITY OF RECORDS AND DOCUMENTS

Dear Director Anderson:

On October 15, 2018, Redwood Materials submitted an application to you as the Executive Director of the State of Nevada Governor's Office of Economic Development ("GOED") requesting approval of economic incentives for the new operation in Carson City, Nevada. The purpose of this letter is to request that any and all records and other documents in GOED's possession concerning initial contact with, research and planning for Redwood Materials, including but not limited to certain information in that application, and if amended, all be kept confidential pursuant to Section 4 of Assembly Bill No. 17 (2015 Regular Session) as codified in NRS 231.069.

Please be advised that Redwood Materials specifically deems the following information proprietary and confidential:

- 1. Incentive Application Employment Schedule
- 2. Incentive Application Equipment List

Thank you for your consideration. If you have any questions or require any further information, please do not hesitate to contact me.

Sincerely,

Andrew Stevenson
Chief Financial Officer

Andrew Stevenson

Redwood Materials

REQUEST FOR CONFIDENTIALITY DETERMINATION

Pursuant to NRS 231.069, and upon the request of applicant Redwood Materials, Inc., the Executive Director of the Office has determined the:

- (i) The detailed schedule of Capital Equipment List, 5(A)
- (ii) The detailed schedule of Employment List, 5(B)

are confidential proprietary information of the business, are not public records, and shall be redacted in its entirety from the copy of the application that is disclosed to the public.

Paul Anderson

Executive Director

Date

Various locations in California

ECONOMIC DEVELOPMENT			Company is an / a: (check one)				
Incentive Application			New location in Nevada				
Company Name: Redwood Materials, Inc.]] Expansi	on of a Nevada co	mpany	
Date of Application: October 15, 2018						1 7	
	0000001 10, 2010						
Section I - Type	of Incentives						
Please check all that	the company is applying for on this applica	ation:					
☑ Sales &	Use Tax Abatement	☐ Sales & U	se Tax Deferral				
✓ Modified	Business Tax Abatement	Recycling	Real Property Tax Abatement				
✓ Persona	Property Tax Abatement	Other:	, ,				
Section 2 - Corp	orate Information	_					
_	Legal name under which business will be to	ansacted in Nev	/ada)		FEDERAL TA	X ID #	
Redwood Materials,	Inc.				82-1226508		
CORPORATE ADD	RESS		CITY / TOWN		E / PROVINCE	ZIP	
308 Sango Court			Milpitas	Califo		95035	
MAILING ADDRESS	S TO RECEIVE DOCUMENTS (If different	from above)	CITY / TOWN	STAT	E / PROVINCE	ZIP	
TELEPHONE NUM	BER		WEBSITE	1		ļ.	
8479243890			www.redwoodmaterials.com				
COMPANY CONTA	CT NAME		COMPANY CONTACT TITLE				
Andrew Stevenson			Chief Financial Officer				
E-MAIL ADDRESS			PREFERRED PHONE NUMB	ER			
andy@redwoodmate			8479243890				
Has your company of	ever applied and been approved for incentive	es available by	the Governor's Office of Econom	ic Develor	oment?	Yes 🔽 No	
If Yes, list the progra	am awarded, date of approval, and status o	f the accounts (a	attach separate sheet if necessar	y):			
Section 3 - Prog	ram Requirements						
Please check two of	the boxes below; the company must meet	at least two of th	ne three program requirements:				
businesses.	estment of \$1,000,000 in eligible equipment In cases of expanding businesses, the capi						
business.							
	ses locating in urban areas require fifty (50 ich the abatement becomes effective. In ru						
employees o	n its payroll by 10% more than its existing of						
greater.							
	as, the average hourly wage that will be pai s, the average hourly wage will equal or exc						
_							
	is different depending on whether the business area), or if the business is in a county whose po						
	<u> </u>	pulation is less th	an 100,000 or a city whose populati	1011 15 1655 (nan oo,ooo (i.e., Tui	ai aita).	
Section 4 - Neva	da Facility						
Type of Facility:							
☐ Headqua			☐ Service Provider				
▼ Technology			☐ Distribution / Fulfillment				
☐ Back Office Operations			✓ Manufacturing				
	h & Development / Intellectual Property		Other:			-	
CONTAINED IN TH	REVENUE GENERATED BY THE NEW J IS APPLICATION FROM OUTSIDE NEVA		EXPECTED DATE OF NEW /	EXPAND	ED OPERATIONS	(MONTH / YEAR)	
100%			Nov-2018				
			INDUSTRY TYPE				
562219	COMPANY'S NEVADA OPERATIONS		Recycling technology				
	nology materials from post-consumer and p	ost-industrial ele	ectronics				
	JAL NEVADA FACILITY ADDRESS		CITY / TOWN	COU	NTY	ZIP	
TBD			Carson City		on City	89706	
	TES / REGIONS / CITIES ARE BEING CO	NSIDERED FO	,			RTUP?	

Section 5 - Complete Forms (see additional tabs at the bottom of this sheet for each form listed below)

Check the applicable box when form has been completed.

_	(A)			
5 ((A)	✓	Equipme	ent List

5 (B) 🗵 Employment Schedule

5 (C) 🗵 Evaluation of Health Plan, with supporting documents to show the employer paid portion of plan meets the minimum of 65%.

New Operations / Start Up - Plans Over the Next Ter	Years	Expansions - Plans Over the Next 10 Years	
Part 1. Are you currently/planning on		Part 1. Are you currently leasing space in Nevada?	
leasing space in Nevada?	Yes	If No, skip to Part 2. If Yes, continue below:	
If No, skip to Part 2. If Yes, continue below:		What year(s)?	
What year(s)?	2018	How much space (sq. ft.)?	
How much space (sq. ft.)?	27,000	Annual lease cost at current space:	
Annual lease cost of space:	\$144,000.00	Due to expansion, will you lease additional space?	
o you plan on making building tenant improvements?	Yes	If No, skip to Part 3. If Yes, continue below:	
If No, skip to Part 2. If Yes *, continue below:		Expanding at the current facility or a new facility?	
When to make improvements (month, year)?	Nov-2018	What year(s)?	
		How much expanded space (sq. ft.)?	
Part 2. Are you currently/planning on		Annual lease cost of expanded space:	
buying an owner occupied facility in Nevada?	No	Do you plan on making building tenant improvements?	
If No, skip to Part 3. If Yes *, continue below:		If No, skip to Part 3. If Yes *, continue below:	
Purchase date, if buying (month, year):		When to make improvements (month, year)?	
How much space (sq. ft.)?			
Do you plan on making building improvements?		Part 2. Are you currently operating at an	
If No, skip to Part 3. If Yes *, continue below:		owner occupied building in Nevada?	
When to make improvements (month, year)?		If No, skip to Part 3. If Yes, continue below:	
		How much space (sq. ft.)?	
Part 3. Are you currently/planning on		Current assessed value of real property?	
building a build-to-suit facility in Nevada?	No	Due to expansion, will you be making building improvements?	
If Yes *, continue below:		If No, skip to Part 3. If Yes *, continue below:	
When to break ground, if building (month, year)?		When to make improvements (month, year)?	
Estimated completion date, if building (month, year):			
How much space (sq. ft.)?		Part 3. Do you plan on building or buying a	
		new facility in Nevada?	
		If Yes *, continue below:	
		Purchase date, if buying (month, year):	
		When to break ground, if building (month, year)?	
		Estimated completion date, if building (month, year):	
		How much space (sq. ft.)?	
ease complete Section 7 - Capital Investment for New Oper	rations / Startup.	* Please complete Section 7 - Capital Investment for Expansions	
ease complete Section 7 - Capital Investment for New Ope	rations / Startup.		

BRIEF DESCRIPTION OF CONSTRUCTION PROJECT AND ITS PROJECTED IMPACT ON THE LOCAL ECONOMY (Attach a separate sheet if necessary):

Section 7 - Capital Investment (Fill in either New Operations/Startup or Expansion, not both.)						
New Operations / Start Up			Expansions			
How much capital investment is planned? (Breakout below):		How much ca	pital investment is planned? (Breakout below):			
Building Purchase (if buying):	\$0		Building Purchase (if buying):			
Building Costs (if building / making improvements):	\$0	Buildi	ng Costs (if building / making improvements):			
Land:	\$0		Land:			
Equipment Cost:	\$3,841,720		Equipment Cost:			
Total:	\$3,841,720		Total:			
			Is the equipment purchase for replacement			
			of existing equipment?			
		Currer	nt assessed value of personal property in NV:			
		(Must attach t	he most recent assessment from the County Assessor's Office.)			
Section 8 - Employment (Fill in either New C	Operations/St	artup or E	xpansion, not both.)			
New Operations / Start Up			Expansions			
How many full-time equivalent (FTE*) employees will be created	ated by the	How many full-time equivalent (FTE*) employees will be created by the				
end of the first eighth quarter of new operations?:	31	end of the first eighth quarter of expanded operations?:				
Average hourly wage of these <u>new</u> employees: _	\$27.42	A	Average hourly wage of these new employees:			
		Ho	w many FTE employees prior to expansion?:			
		Avera	age hourly wage of these existing employees:			
			Total number of employees after expansion:			
* FTE represents a permanent employee who works an average of set forth in NAC 360.474.	f 30 hours per week	or more, is eligible	e for health care coverage, and whose position is a "primary job" as			
OTHER COMPENSATION (Check all that apply):						
✓ Overtime ✓ Merit increases	_	Tuition assistanc	-			
		Retirement Plan	Profit Sharing / 401(k) Other:			
BRIEF DESCRIPTION OF ADDITIONAL COMPENSATION PROC	GRAMS AND ELIGI	BILITY REQUIRE	MENTS (Attach a separate sheet if necessary):			
Section 9 - Employee Health Insurance Bene	fit Program					
Is health insurance for employees and an option for dependent	ents offered?:	✓ Yes (copy of benefit plan must be attached) No			
Package includes (check all that apply):						
	Dental	☐ Other:				
Qualified after (check one):						
☑ Upon employment ☐ Three months after h	☑ Upon employment ☐ Three months after hire date ☐ Six months after hire date ☐ Other:					
Health Insurance Costs:			Percentage of health insurance coverage by (min 65%):			
Cost of health insurance for company (annual amount per er	nployee):	\$ 6,540.00	Company: 75%			
Health Plan annual out-of-pocket maximum (individual):	· -	\$ 7,000.00	Employee: 25%			

[SIGNATURE PAGE FOLLOWS]

Section 10 - Certification

I, the undersigned, hereby grant to the Governor's Office of Economic Development access to all pertinent and relevant records and documents of the aforementioned company. I understand this requirement is necessary to qualify and to monitor for compliance of all statutory and regulatory provisions pertaining to this application.

Being owner, member, partner, officer or employee with signatory authorization for the company, I do hereby declare that the facts herein stated are true and that all licensing and permitting requirements will be met prior to the commencement of operations. In addition, I and /or the company's legal counsel have reviewed the terms of the GOED Tax Abatement and Incentives Agreement, the company recognizes this agreement is generally not subject to change, and any material revisions have been discussed with GOED in advance of board approval.

Andrew Stevenson	Andrew Stevenson			
Name of person authorized for signature	Signature			
Chief Financial Officer	10/15/2018			
Title	Date			

Nevada Governor's Office of Economic Development

555 E. Washington Ave., Ste 5400 • Las Vegas, Nevada 89101 • 702.486.2700 • (Fax) 702.486.2701 • www.diversifynevada.com

Site Selection Factors

Company Name: F	Name: Redwood Materials, Inc.		County: Carson City					
Section I - Site Selection Ratings								
Directions: Please rate the s Application.	elect factors by importanc	e to the	company's business (1 = very low; 5 = very high). Attach this form to	the Incentives				
Availability	of qualified workforce:	5	Transportation infrastructure:	3				
	Labor costs:	4	Transportation costs:	3				
F	Real estate availability:	3	State and local tax structure:	3				
	Real estate costs:	5	State and local incentives:	4				
	Utility infrastructure:	4	Business permitting & regulatory structure:	4				
	Utility costs:	4	Access to higher education resources:	4				

Please summarize the importance of the abatement program to your decision (please include at least a paragraph summary):

The abatement program was one important factor among several that determined our decision to locate operations in Nevada. Additional factors include the availability of a qualified local workforce, labor costs, and a favorable business permitting and regulatory structure. Abatements provided a benefit above these already strong factors that pointed in the direction of Nevada.

Equipment Schedule, Detailed

The Office has determined the detailed equipment schedule as described in this application constitutes confidential proprietary information of Redwood Materials, Inc., and is not a public record.

Employment Schedule, Detailed

The Office has determined the detailed employment schedule as described in this application constitutes confidential proprietary information of Redwood Materials, Inc., and is not a public record.

5(C) Evaluation of Health Plans Offered by Companies

Average Hourly Wage per Employee \$27.42 Average Annual Wage per Employee (implied) \$57,032.26 Annual Cost of Health Insurance per Employee \$6,540.00 Percentage of Cost Covered by: Company 75% Employee 25% Health Plan Annual Out-of-Pocket Maximum \$7,000 Generalized Criteria for Essential Health Benefits (EHB) Ifollowing requirements outlined in the Affordable Care Act and US Code, including 42 USC Section 18022) Covered employees premium not to exceed \$.5% of annual wage 3.8% MMQ Annual Out-of-Pocket Maximum not to exceed \$.7,150 (2017) \$7,000 NQ Minimum essential health benefits covered (Company offers PPO): (A) Ambulatory patient services 9.2 (B) Emergency services 9.2 (C) Hospitalization 9.2 (G) Rehabilitative and habilitative services and devices 9.3 (I) Preventive and wellness services and chronic disease management 9.3 (I) Prediatric services, including oral and vision care 9.3 (I) Preventive and wellness services and chronic disease management 9.3 (I) Prediatric services, including oral and vision care 9.3 (I) Preventive and wellness services and chronic disease management 9.3 (I) Prediatric services, including oral and vision care 9.3 (I) Preventive and wellness services and chronic disease management 9.3 (I) Prediatric services, including oral and vision care 9.3 (I) Preventive and wellness services and chronic disease management 9.3 (I) Prediatric services, including oral and vision care 9.3 (I) Preventive and wellness services and chronic disease management 9.3 (I) Prediatric services, including oral and vision care 9.3 (I) Preventive and wellness services and chronic disease management 9.3 (I) Preventive and wellness services and chronic disease management 9.3 (I) Preventive and wellness services and chronic disease management 9.3 (I) Preventive and wellness services 19 (I) Preventive and wellness services 19 (I) Preventive and wellness 19 (I) Preventive 19 (I) Preventiv	Company Name: Redwood Materials, Inc.	County:	Carson City	
Annual Cost of Health Insurance per Employee \$6,540.00 Percentage of Cost Covered by: Company 75% Employee 25% Health Plan Annual Out-of-Pocket Maximum \$7,000 Generalized Criteria for Essential Health Benefits (EHB) [following requirements outlined in the Affordable Care Act and US Code, including 42 USC Section 18022] Covered employee's premium not to exceed 9.5% of annual wage 3.8% MMQ Annual Out-of-Pocket Maximum not to exceed \$7,150 (2017) \$7,000 NQ Minimum essential health benefits covered (Company offers PPO): (A) Ambulatory patient services (B) Emergency services (C) Hospitalization (D) Maternity and newborn care (E) Mental health/substance use disorder/behavioral health treatment (F) Prescription drugs (G) Rehabilitative and habilitative services and devices (I) Preventive and wellness services and chronic disease management (J) Pediatric services, including oral and vision care No Annual Limits on Essential Health Benefits I, the undersigned, hereby declare to the Governor's Office of Economic Development that the facts herein stated are true, and that I have attached sufficient plan information highlighting where our plan reflects meeting the 65% minimum threshold for the employe paid portion of the plan for GOED to independently confirm the same. Andrew Stevenson Name of person authorized for signature Chief Financial Officer	Total Number of Full-Time Employees:		31	
Percentage of Cost Covered by: Company Employee 25% Health Plan Annual Out-of-Pocket Maximum \$7,000 Generalized Criteria for Essential Health Benefits (EHB) Ifollowing requirements outlined in the Affordable Care Act and US Code, including 42 USC Section 18022] Covered employee's premium not to exceed 9.5% of annual wage 3.8% MMQ Annual Out-of-Pocket Maximum not to exceed \$7,150 (2017) \$7,000 NQ Minimum essential health benefits covered (Company offers PPO): (A) Ambulatory patient services (B) Emergency services (C) Hospitalization (D) Maternity and newborn care (E) Mental health/substance use disorder/behavioral health treatment (F) Prescription drugs (G) Rehabilitative and habilitative services and devices (I) Preventive and wellness services and chronic disease management (J) Pediatric services, including oral and vision care No Annual Limits on Essential Health Benefits I, the undersigned, hereby declare to the Governor's Office of Economic Development that the facts herein stated are true, and that I have attached sufficient plan information highlighting where our plan reflects meeting the 65% minimum threshold for the employe paid portion of the plan for GOED to independently confirm the same. Andrew Stevenson Name of person authorized for signature Chief Financial Officer 10/15/2018			-	;
Health Plan Annual Out-of-Pocket Maximum \$7,000 Generalized Criteria for Essential Health Benefits (EHB) [following requirements outlined in the Affordable Care Act and US Code, including 42 USC Section 18022] Covered employee's premium not to exceed 9.5% of annual wage 3.8% MMQ Annual Out-of-Pocket Maximum not to exceed \$7,150 (2017) \$7,000 NQ Minimum essential health benefits covered (Company offers PPO): (A) Ambulatory patient services (B) Emergency services (C) Hospitalization (D) Maternity and newborn care (E) Mental health/substance use disorder/behavioral health treatment (F) Prescription drugs (G) Rehabilitative and habilitative services and devices (H) Laboratory services (I) Preventive and wellness services and chronic disease management (J) Pediatric services, including oral and vision care No Annual Limits on Essential Health Benefits I, the undersigned, hereby declare to the Governor's Office of Economic Development that the facts herein stated are true, and that I have attached sufficient plan information highlighting where our plan reflects meeting the 65% minimum threshold for the employe paid portion of the plan for GOED to independently confirm the same. Andrew Stevenson Name of person authorized for signature Chief Financial Officer 10/15/2018	Percentage of Cost Covered by:			
Generalized Criteria for Essential Health Benefits (EHB) following requirements outlined in the Affordable Care Act and US Code, including 42 USC Section 18022 Covered employee's premium not to exceed 9.5% of annual wage 3.8% MMQ Annual Out-of-Pocket Maximum not to exceed \$7,150 (2017) \$7,000 NQ Minimum essential health benefits covered (Company offers PPO): (A) Ambulatory patient services (B) Emergency services (C) Hospitalization (D) Maternity and newborn care (E) Mental health/substance use disorder/behavioral health treatment (F) Prescription drugs (G) Rehabilitative and habilitative services and devices (H) Laboratory services (I) Preventive and wellness services and chronic disease management (J) Pediatric services, including oral and vision care No Annual Limits on Essential Health Benefits I, the undersigned, hereby declare to the Governor's Office of Economic Development that the facts herein stated are true, and that I have attached sufficient plan information highlighting where our plan reflects meeting the 65% minimum threshold for the employe paid portion of the plan for GOED to independently confirm the same. Andrew Stevenson Name of person authorized for signature Chief Financial Officer Chief Financial Officer				
Covered employee's premium not to exceed 9.5% of annual wage 3.8% MMQ Annual Out-of-Pocket Maximum not to exceed \$7,150 (2017) \$7,000 NQ Minimum essential health benefits covered (Company offers PPO): (A) Ambulatory patient services (B) Emergency services (C) Hospitalization (D) Maternity and newborn care (E) Mental health/substance use disorder/behavioral health treatment (F) Prescription drugs (G) Rehabilitative and habilitative services and devices (H) Laboratory services (I) Preventive and wellness services and chronic disease management (J) Pediatric services, including oral and vision care No Annual Limits on Essential Health Benefits I, the undersigned, hereby declare to the Governor's Office of Economic Development that the facts herein stated are true, and that I have attached sufficient plan information highlighting where our plan reflects meeting the 65% minimum threshold for the employe paid portion of the plan for GOED to independently confirm the same. Andrew Stevenson Name of person authorized for signature Chief Financial Officer 10/15/2018	Health Plan Annual Out-of-Pocket Maximum		\$7,000	
Annual Out-of-Pocket Maximum not to exceed \$7,150 (2017) \$7,000 NQ Minimum essential health benefits covered (Company offers PPO): (A) Ambulatory patient services (B) Emergency services (C) Hospitalization (D) Maternity and newborn care (E) Mental health/substance use disorder/behavioral health treatment (F) Prescription drugs (G) Rehabilitative and habilitative services and devices (H) Laboratory services (I) Preventive and wellness services and chronic disease management (J) Pediatric services, including oral and vision care No Annual Limits on Essential Health Benefits I, the undersigned, hereby declare to the Governor's Office of Economic Development that the facts herein stated are true, and that I have attached sufficient plan information highlighting where our plan reflects meeting the 65% minimum threshold for the employe paid portion of the plan for GOED to independently confirm the same. Andrew Stevenson Name of person authorized for signature Chief Financial Officer Minimum value (Control of the plan to the same of person authorized for signature) 10/15/2018		Santa Carata Pa	40 1100 0	
Annual Out-of-Pocket Maximum not to exceed \$7,150 (2017) \$7,000 NQ Minimum essential health benefits covered (Company offers PPO): (A) Ambulatory patient services (B) Emergency services (C) Hospitalization (D) Maternity and newborn care (E) Mental health/substance use disorder/behavioral health treatment (F) Prescription drugs (G) Rehabilitative and habilitative services and devices (H) Laboratory services (I) Preventive and wellness services and chronic disease management (J) Pediatric services, including oral and vision care No Annual Limits on Essential Health Benefits I, the undersigned, hereby declare to the Governor's Office of Economic Development that the facts herein stated are true, and that I have attached sufficient plan information highlighting where our plan reflects meeting the 65% minimum threshold for the employe paid portion of the plan for GOED to independently confirm the same. Andrew Stevenson Name of person authorized for signature Chief Financial Officer Minimum threshold Officer 10/15/2018		oae, incluaing		
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		Signature		
Title Date	Chief Financial Officer	10/15/20	18	
	Title	Date		_

SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

REDWOOD MATERIALS, INC.
Nevada Business Identification # NV20181554977

Expiration Date: August 31, 2019

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on August 3, 2018

Barbara K. Cegarste

Barbara K. Cegavske Secretary of State

You may verify this license at www.nvsos.gov under the Nevada Business Search.

License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which by law <u>cannot</u> be waived.